

Foster Family Home - Deficiency Report

Provider ID: 1-200061

Home Name: Debbie Inay, CNA

Review ID: 1-200061-13

990 Paaaina Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/13/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/13/2025).

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for bed side rails for client #1, client #2, and client #3.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env.: No evidence present in client records of written agreement of living in shared room signed by client #3's responsible party.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

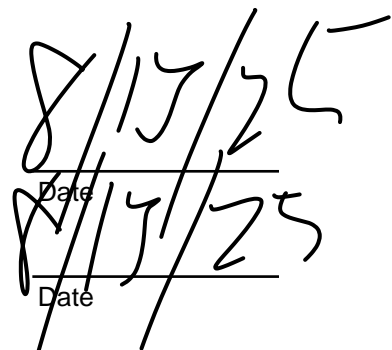
54.(b): CCFFH unable to access all records available for client #1, client #2, and client #3. Per CG#1, portion of clients' documents are locked in a storage closet and does not have key. Repeat Citation.

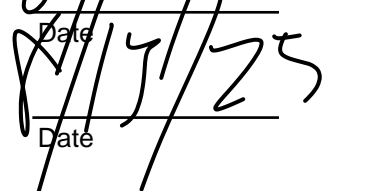
54.(c)(2): No evidence present in client records of client/responsible party's signature noted on current service plan for client #2.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager:

Ryan Nakamura

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Debbie-Cherelle Inay

(PLEASE PRINT)

CCFFH Address:

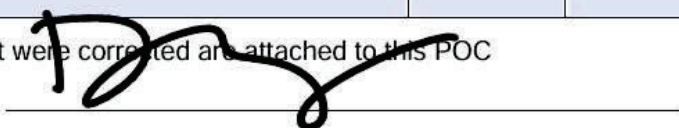
990 Paaaina Street Pearl City, HI 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47.d.1	Obtained MD order for bed side rails for client #1, client #2 & client #3. Orders were filed in clients binders.	8/13/25	CG#1 will utilize patient portals to ensure orders are accessible and filed.
(3P). a.1	Obtained a consent from client #3's responsible party. Filed inside clients binder.	8/22/25	CG #1 will conduct an annual review by using a checklist to ensure consents are signed by responsible party.
54.b	Locked documents were moved to a new storage file accessible to all caregivers. No keys are needed to access files.	8/22/25	CG #1 will use portable storage containers that protect records and allow quick access.
54.c.2	Obtained client #2 signature on current service plan. Filed inside clients binder.	8/22/25	CG#1 will conduct an annual review by using a checklist to ensure service plans are signed.

☒ All items that were corrected are attached to this POC

PCG's Signature:



Date:

8/22/2025

☒ CTA has reviewed all corrected items